

Business Change Form

(Form 5208C-1)

USE THIS PAGE ONLY IF THERE HAS BEEN A BUSINESS CHANGE OR IF YOU DO NOT HAVE AN ES REFERENCE NUMBER

1) QTR ENDING DATE 2) CURRENT FEDERAL ID NUMBER (9-DIGIT) 3) CURRENT UBI NUMBER (12-DIGIT) 4) ES REFERENCE NUMBER (9-DIGIT)

M	M	D	D	Y	Y	-													
ENTER CORRECT FEDERAL ID NUMBER (9-DIGITS)						ENTER CORRECT UBI NUMBER (12-DIGITS)													
						-													

5) IF THE MAILING ADDRESS OF YOUR BUSINESS HAS CHANGED, PLEASE ENTER NEW INFORMATION IN THE BOXES PROVIDED BELOW.

NEW MAILING ADDRESS / PO BOX

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ZIP CODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CHECK HERE IF THIS IS ALSO THE PHYSICAL LOCATION OF YOUR BUSINESS

CURRENT MAILING ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6) CHANGE IN PRINCIPAL BUSINESS PHYSICAL LOCATION (IF YOU CHECKED THE BOX ABOVE, SKIP TO ITEM 6A)

STREET OR ROUTE NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ZIP CODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BUSINESS E-MAIL ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

WEB SITE ADDRESS (URL)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6A) HAS YOUR PHONE OR FAX NUMBER CHANGED? IF YES, ENTER THE NEW NUMBER BELOW

AREA CODE PHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

AREA CODE FAX NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

- 7) CEASED BUSINESS - NO SUCCESSOR, PLEASE CLOSE ACCOUNT (enter dates) →
- 8) CONTINUING BUSINESS - NO EMPLOYEES, PLEASE CLOSE ACCOUNT (enter dates) →
- 9) NO LONGER HAVE WASHINGTON EMPLOYEES - PLEASE CLOSE ACCOUNT (enter dates) →
- 10) CHANGE IN BUSINESS ACTIVITY (DESCRIBE) _____

LAST DATE WAGES PAID

M	M	D	D	Y	Y
---	---	---	---	---	---

CLOSE ACCOUNT AS OF WHAT DATE?

M	M	D	D	Y	Y
---	---	---	---	---	---

(COMPLETE NEW BUSINESS NAME AND UBI # BELOW)

11) SOLD, LEASED OR OTHERWISE TRANSFERRED BUSINESS:

FULL SALE PARTIAL SALE
% OF BUSINESS SOLD: _____ %

DATE OF SALE

M	M	D	D	Y	Y
---	---	---	---	---	---

LAST DATE WAGES WERE PAID

M	M	D	D	Y	Y
---	---	---	---	---	---

NEW BUSINESS NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NEW OWNERS LAST NAME FIRST NAME AREA CODE HOME PHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

12) CHANGE IN BUSINESS ENTITY

ENTER NEW UBI NUMBER (12-DIGITS)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CORPORATION PARTNERSHIP LIMITED LIABILITY COMPANY (LLC) LIMITED LIABILITY PARTNERSHIP (LLP) OTHER

NEW BUSINESS NAME

13) NAME CHANGE ONLY:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

14) CHANGE FORM PREPARED BY - LAST NAME

PREPARER'S E-MAIL ADDRESS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME AREA CODE PHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OFFICE USE ONLY

OFFICE NO.	STAFF ID	DATE	DTO

FAX THIS FORM TO 360-902-9264

MAIL THIS COMPLETED CHANGE FORM TO:
EMPLOYMENT SECURITY DEPARTMENT, EMPLOYER STATUS UNIT
PO BOX 9046, OLYMPIA, WASHINGTON 98507-9046